

www.weldw2w.org

Agency Portal



Agency Referral



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Agency Portal

Women2Women (W2W) does not discriminate applicants by race, creed, color, ethnicity, national origin, religion, sexual orientation, gender expression, age, physical or mental ability, or marital status.

Grant Criteria & Guidelines

- ▶ Applicants must be female.
- ▶ Applicants must demonstrate that they have resided within Weld County, excluding the St. Vrain School District area, for a minimum of six months.
- ▶ Applicants must be referred by a qualified 501(c)(3) agency AND the referring agency must submit the application on behalf of the recipient.
- ▶ All funds will be distributed directly to the holder of the bill; e.g. service provider, doctor, landlord, etc.
- ▶ Applicants will be funded only if their needs cannot be met elsewhere and W2W shall be considered a 'fund of last resort'.
- ▶ All requests are funded at the discretion of the voting board and once made are not negotiable by the referring agency or the applicant.
- ▶ W2W will not help with the cost of bail, legal fees for those charged with criminal acts, hospital bills, payment to friends or family or credit card bills. Women2Women will not accept requests for funerals, or any expenses related to funerals.
- ▶ Financial assistance provided to an individual will be a one-time gift. Records will be kept and monitored by the board.

Additional Agency Information

- ▶ All applications must be submitted via W2W's online "Agency Referral" system.
- ▶ It is the goal of W2W to respond to all requests for funding within 48 hours (business days) but not all approved requests will be funded in this time period.
- ▶ W2W reserves the right to limit fund allocation due to low revenues.
- ▶ W2W will ask each recipient to perform an **act of kindness**, as payment for the help we have provided them in their time of need.
- ▶ It is the responsibility of the applicant and the referring agency to provide W2W with accurate updated information. This helps W2W to make good decisions and keep accurate records.

Subscribe to Our Email

Give A Hand Up

Whether you're a woman who has received help somewhere along your path to success or a woman who is thankful you've never experienced a financial crisis, you can help us continue to help Weld women in crisis.

[DONATE](#)

SUBMIT A GRANT REQUEST THROUGH OUR SECURE AGENCY PORTAL.

[AGENCY REFERRAL](#)

Agencies seeking further information or to obtain a login to submit a request to Women2Women, please [contact us](#).

www.weldw2w.org



Login required for the Agency Portal of WAM

(W2W Application Management)

wam.weldw2w.org



The Power of the Purse.

WAM 2.2 Login

Access is restricted to authorized users.

Username:

Password:

Login

[Request a login](#)

[Forgot Password](#)

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Submitting a new request

Submit New Request

Admin Hold

Active Requests

Search

Agents

Approved Requests

Denied Requests

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Logged in as, LaurisLaue. Change password, Log out

To be used by referring agency.
Note: Do not leave any fields blank. If a field is not applicable, please type "N/A" in the box.

Agency Information

Name of Agency: Test User

Contact Person: XXXXXXXXXXXX Lauris Laue

Agency Phone #: 9704054911

Agency Email: laurisdj0623@gmail.com

Search by the applicant's dob to determine if she's received our assistance in the past. If she has, we cannot help her again.

New Request

Applicant Information



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Logged in as, **TestManager**. Log out

Applicant Information

Name of Applicant:

Address:

Please be sure the name and address are correct and complete.

City (must be in Weld County):

Zip Code:

Phone #:

Email (if available):

Date of Birth:

Ethnicity:

Number of Dependents

Please indicate whether the dependents are children, including their ages; spouses or other persons who rely on someone else for financial support.

Length of Residency in Weld County:

Length of Employment at Current Job:

Please be sure the name and address are correct.
We send a pay-it-forward letter to the applicant.
If the request is for a deposit, we need the proposed address and move-in date.

Applicant OR Agent email

mm/dd/yyyy

Select Ethnicity

Please indicate whether dependents are children (and their ages), spouses or other persons, such as relatives.
*A dependent is someone who relies on someone else for financial support.

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New Request Questionnaire



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Questionnaire

Type of assistance needed:

Please fully explain what the applicant needs and why she needs it from W2W.

Amount requesting:

Please list the specific resources you have applied for and were ineligible or denied:

Please describe steps to self-sufficiency that this assistance would support:

What would the outcome be if this application was NOT funded?

Does the applicant have a disability, or are they on SSDI?, or are they on SSI?

Monthly household income in dollars:

Source of income:

Be specific. Include child support, employment, food stamps, Section 8 vouchers, all monies...

Please fully explain what the applicant needs and why she needs it from W2W. Include info on whether the dependents are children, a spouse or another person such as a relative, or if the applicant shares expenses with a roommate. If she lives with others for whom she is not responsible, we need that information as well.

Please do not use the applicant's name or any identifying information.

Be sure to indicate if she has a disability. If she receives SSI or SSDI, this indicates a disability. If she identifies as having a disability, please mark the disability question as a "yes."

Be specific. Include child support, employment, food stamps, section 8 voucher; any monies or benefits which may be construed to be financial assistance. This is the HOUSEHOLD income.

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New Request Questionnaire



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Logged in as, **TestManager**. Log out

Be specific as to the
sources.

Is there a portion of this need that the applicant is providing?
Be specific and provide sources.

Billholder(s) Name, Address, Email, Phone, and Account Number (if applicable):
This cannot be the applicant. This is the person or entity to whom the money will be paid.

Files:

All information will be verified. Any falsified information will cause the immediate denial of applicant's request.

Submit Request

Attach Files

This cannot be the applicant.
Provide a contact name, mailing address,
email and phone number.
The billholder is the person or entity to
whom the money will be paid.



New Request Questionnaire



The Power of the Purse.

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Agency Portal**

Logged in as, **TestManager**. Log out

Files:

All information will be verified. Any falsified information will cause the immediate denial of applicant's request.

[Submit Request](#)

[Attach Files](#)

Please attach the following here:

- 1) A scanned image of her id or driver's license.
- 2) Any documents that help support the request. For example, a copy of the lease with her name on it; a copy of the bill with the amount, account number and mailing address.



Administrative Hold

If the W2W Program Director needs more information she will put the application in Administrative Hold and it is returned for editing. The Agent receives an email requesting an update of the application.
Applications will be held for a *limited time*.

Women 2 Women application is on Hold



Inbox x



Women2Women <notifications@weldw2w.org>

9:18 PM (23 minutes ago)

to me ▾

Your request application is missing required information. Please update the request and resubmit it.

Login to <http://wam.weldw2w.org> to review.

[Application #1802](#)

www.wam.weldw2w.org



First, click on “Admin Hold”
to see the request.

Click on “Edit
Request” to add
more information.

The screenshot displays a web interface for the W2W Program. On the left is a sidebar with a logo at the top and a menu containing 'Submit New Request', 'Admin Hold' (highlighted with a red circle and exclamation mark), 'Active Requests', and 'Search'. The main content area is titled 'Request On Hold - 1802'. At the top of this area is a red button labeled 'Edit Request'. Below this is a form titled 'Agency Information' with the following fields: 'Notes to Agency:' (containing the text 'Please provide a full address and phone number for the doctor's office.'), 'Name of Agency:' (containing 'Test Agency'), 'Contact' (containing 'Test Agent'), 'Phone' (containing '123-456-7890'), and 'Email' (containing a masked address 'XXXXXXXXXXXXXXXXXXXXX.com'). Below the 'Agency Information' section is another section titled 'Applicant Information' with a single field 'Date Submitted' containing 'Aug. 3, 2016'. Three callout boxes provide instructions: one points to the 'Admin Hold' menu item, another points to the 'Edit Request' button, and a third points to the 'Notes to Agency' field.

Agency Information	
Notes to Agency:	Please provide a full address and phone number for the doctor's office.
Name of Agency:	Test Agency
Contact	Test Agent
Phone	123-456-7890
Email	XXXXXXXXXXXXXXXXXXXXX.com

Applicant Information	
Date Submitted	Aug. 3, 2016

A new field “Notes to
Agency” has the message
from the W2W Program
Director.

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Length of Residency in Weld County:

12 years

Length of Employment at Current Job:

5 years

Questionnaire

Describe the need and the amount needed:

Susie needs \$645 to pay medical

How has your agency assisted this applicant?

We have assisted her with paren

Please describe steps to self-sufficiency that this assistance would support:

Susie lives paycheck to paycheck work and fall behind.

Does the applicant have a disability?

No ▾

Monthly household income in dollars

850

Source of income

Job

Is there a portion of this need that the applicant is providing?

She has paid as much as she can after paying for prescriptions.

Name, address and phone number of billholder(s):

Generic doctor's office, 456 Main Street, Greeley CO 80631. Phone is 303-222-1111

All information will be verified. Any falsified information will cause the immediate denial of applicant's request.

Submit Request

The form is now editable but has all the original information saved so you don't have to start all over.

You can also attach additional documentation at this time.

After entering the new information, click on "Submit Request."

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SUCCESS!!!

